FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	1											
		(See instruction	ns)					Offi	ce use only	/		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ig, type	12F	E4M5	5				
HUCKABEE I	OR PRESIDENT	, INC.						11				
		11111			111							لــــــا
ADDRESS (number and	d street)	JPMS Cox, PLLO				ш	1 1					
(Ohaali if ada		00 Cantrell Road	Suite 3	01	1 1 1		1 1	1 1	1 1 1	1.1	1 1	1
X (Check if add is changed)		le Rock				L AF	3]	Ш	7221	2	<u> —</u>	
COMMITTEE'S E-MA	AIL ADDRESS		CITY			STAT	E▲		ZIP	CODE	•	
awinkley@jpr	nscox.com						1 1	1 1				. 1
		11111			1 1		1 1	11		11		
COMMITTEE'S WEE	B PAGE ADDRESS (URL)								-		
		11111										
		11111					1 1					
COMMITTEE'S FAX	NUMBER											
با لبنا	ىنا لى											
2. DATE M	M / D D / 13	Y Y O Y O Y O										
3. FEC IDENTIFIC	ATION NUMBER		C COO	431809								
4. IS THIS STATE	MENT NE	W (N) OR	X	AMENI	DED (A)							
I certify that I have exar	nined this Statement a	nd to the best of my kno	wledge an	d belief it is tr	ue, correct a	nd compl	ete					
Type or Print Name o	f Treasurer	Mr. Bryan Jeffre	/									
Signature of Treasure	er Electronically Fi	led by Mr. Bryan	Jeffrey			Date	м 1	1 /	13	/ Y	Ý 2 0	8 0
NOTE: Submission of f		omplete information may			_				of 2 U.S.C	C. S437g	J.	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis)-424-9530				FEC I	FORM ed 12/200		

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	COMMITTEE (Check One) Committee:						
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate					
Name of Candidate	Mike Huckabee						
Candidate Party Affilia	tion REP Office Sought: House Senate X President	State District 00					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Com							
(d)	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
Political Ac	etion Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:					
	Corporation Corporation w/o Capital Stock Lal	bor Organization					
	Membership Organization Trade Association Co	poperative					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundr	raising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
Con	nmittees Participating in Joint Fundraiser						
	1. FEC ID number C						
	2. FEC ID number						
	3. FEC ID number						
	4 FEC ID number C						
	5 FEC ID number C						

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W	rite or Type Committee Name							
	HUCKABEE FOR PRESI	DENT, INC.						
6.	Name of Any Connected Org	ganization, Affiliated Committee, L	eadership PAC Sponsor or Joi	nt Fundr	aising Representative			
	NONE							
I		1 1 1 1 1 1 1 1 1 1 1						
	Mailing Address							
				Ш				
		CITY	STA	TE 🛦	ZIP CODE			
	Relationship:							
	Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Jo	oint Fundraising Representative			
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
	Full Name Amand	a Winkley						
	Mailing Address	11300 Cantrell F	Road					
		Suite 301						
		Little Rock		NR_				
	Title or Position ▼	CITY A	STA	ATE&	ZIP CODE A			
	Assistant	Treasurer	Telephone number	501				
8.	name and address of any	and address (phone number designated agent (e.g., assista		the com	mittee; and the			
	Full Name of Treasurer Mr. Bry	yan Jeffrey						
	Mailing Address	11300 Cantrell F	Road					
		Suite 301						
		Little Rock		AR_	72212			
	Title or Position ♥	CITY A	ST	ATE.	ZIP CODE A			
	Treasurer		Telephone number	501	227 5800			
			-p		-			

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Full Name of Designated Agent	Cale Turner		
Mailing Address	11300 Cantrell Road		
	Suite 301		
	Little Rock	AR	72212
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
Assista	nt Treasurer	Telephone number	5800
Banks or Other Deposit		which the committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m	aintains funds.	which the committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc.	which the committee deposits funds, h	nolds accounts, rents
safety deposit boxes or m Name of Bank, Depository	aintains funds.	which the committee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc.	which the committee deposits funds, h	
safety deposit boxes or m Name of Bank, Depository	aintains funds. y, etc. elta Trust & Bank	which the committee deposits funds, h	
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safety deposit boxes or m Name of Bank, Depository	elta Trust & Bank 11700 Cantrell Road Little Rock		72222
safety deposit boxes or m Name of Bank, Depository De Mailing Address Name of Bank, Depository	elta Trust & Bank 11700 Cantrell Road Little Rock		72222
safety deposit boxes or m Name of Bank, Depository De Mailing Address Name of Bank, Depository	eintains funds. y, etc. elta Trust & Bank 11700 Cantrell Road Little Rock CITY y, etc.		72222 ZIP CODE
Safety deposit boxes or m Name of Bank, Depository De Mailing Address Name of Bank, Depository Tu	eintains funds. y, etc. elta Trust & Bank 11700 Cantrell Road Little Rock CITY y, etc. vin City Bank P.O. Box 16270	AR STATE A	72222 ZIP CODE
Safety deposit boxes or m Name of Bank, Depository De Mailing Address Name of Bank, Depository Tu	eintains funds. y, etc. elta Trust & Bank 11700 Cantrell Road Little Rock CITY y, etc. vin City Bank P.O. Box 16270	AR STATE A	72222 ZIP CODE

Banks or Other Depositories: safety deposit boxes or maintain		s in which the committee d	deposits funds, holds a	accounts, rents				
Name of Bank, Depository, etc.	o rando.		[ADDITIONAL]					
Mailing Address								
_	CITY 🛕		STATE_	ZIP CODE 🛕				
Name of Any Connected Orga	anization, Affiliated Committee, Le	adership PAC Sponsor o	or Joint Fundraising	[ADDITIONAL] Representative				
Mailing Address								
Relationship:	CITY▲		STATE A	ZIP CODE				
Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint Fundrai	sing Representative				
Designated Agent			[ADDITIONAL]				
Full Name Aman	da Winkley							
Mailing Address	11300 Cantrell Road							
	Suite 301							
	Little Rock		_AR	72212 _				
Title or Position ♥	CITY A		STATE ∆	ZIP CODE A				
Assistant	Treasurer	Telephone n	501 umber					
Joint Fundraiser Participant			[ADDITIONAL]				
		FEC ID	number C					